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## THE SICK

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Social work, unlike medicine, still suffers lamentably from a want of precise and sufficient knowledge. More complete statistics upon poverty, pauperism and mere misery, their nature, extent and causes must be collected and made available before any social worker can speak with authority. Of two facts, however, he is already convinced. Prevention, and teaching for prevention, are as essential in social work as in medicine. Neither can there be any good social work without access to expert medical practice. This is true equally in the prevention of suffering or in its relief, and true whether the concern is with mass betterment or with individual improvement. Whatever special line of activity occupies the worker, be it public or private, institutional or case work, the situation is the same.

### LESSONS FROM THE MEDICAL PROFESSION

In seeking to remedy bad social conditions, they (the workers) have come to recognize more fully the great handicap of bad physical conditions and have learned to welcome, in the effort to remedy these, the aid of a newer and more constructive medical science. Their awakening is due, in part, to their own deepened experience of human need but even more is it due to the socialized members of the medical profession who have led the way in many departments of social endeavor.<sup>1</sup>

Social workers today are a bit too proud of having socialized the physician. They feel that they have opened his eyes, so that he is aware not only of the fact that a man's heart may not be treated without complete consciousness of the rest of his body but also of the additional truth that he cannot be considered or cured apart from the larger social unit of which he is a fraction. The condition of his lungs and legs may well be less important than his income or his wife's tastes and temperament. Any visiting nurse or social worker can name a dozen points the physician sees now which formerly were invisible to him. Physicians, upon the other hand, do not see, or are too busy to note, how social work has improved since it

<sup>1</sup> Mary E. Richmond, "Social Diagnosis," p. 204,

realized and admitted to itself its dependence upon medicine. If the social worker has learned nothing else from the medical profession, there is at least the new value of records and more scientific method.

Many will be inclined to deny that the value of any record has been enhanced by contact with doctors. They point with scorn, and alas, with truth, to the deficiencies of dispensary records. But medical work has made records more valued. For long the best social case workers have known that their records, and the use they made of them, in the end determined the quality of their work. They did not have to point to the obscure and forgotten careers of missionaries to prove that work, no matter how good, is lost and as if never done unless recorded. They regarded as sacred and confidential records which might embarrass individuals or ruin reputations but when medical facts appeared on them, they learned that people's very lives and entire futures might depend upon a date and a diagnosis, or be lost through carelessness. It was then that records became as precious as babies.

Unconsciously, too, workers now follow methods long consciously practiced and taught by physicians. It is not without significance that a book for social workers is called "Social Diagnosis," but only recently have students and new workers been called upon to test their labors with a medical outline. It is beyond dispute that for social woes, the doctor's outline for physical ills should be followed. The order should never vary. Relief of symptoms should always precede, but should be followed by diagnosis, prognosis, treatment, scientific research and public education for prevention.

Even the most unthinking layman will agree to the necessity for any immediate relief of symptoms. No doctor will refuse to allay pain before he knows its cause. The trained social case worker must always have a plan which involves temporary relief first, with investigation afterwards. But this worker also, like the doctor, now demands diagnosis before further treatment. Some seek a prognosis also, although few are courageous enough to act upon it. Treatment, as with the physician, depends upon the individual worker, upon his knowledge and upon his acquaintance with remedies. Like most physicians, the majority of case workers stop at treatment and do not proceed to the further research and consequent possible public education for prevention.

Not only do the best methods of physician and social case worker thus resemble each other; either to succeed must imitate the other in borrowing from all science and all available knowledge. The one may belong to the finest type of the recognized professions, and the other, as Abraham Flexner asserts, may be of none, but both of them must recognize their mutual need. A great painter, a violinist, or an aviator may accomplish his full purpose with naught but the technical knowledge needed for his own pursuit, certainly without all knowledge or without that charity the absence of which makes all wisdom as nothing. No physician and no social worker, however, any more than the mother of ten children, ever knew anything which at some time did not prove essential or invaluable.

The social case worker must do more than imitate the physician in his method and in his tireless pursuit of learning. He must obtain from him also that technical medical knowledge which he alone possesses and the instruction and advice concerning its social application which he alone can give.

#### PRESENT AIMS OF SOCIAL WORK

Four centuries ago that ancient modern, Juan-Luis Vivés, said: "It is not only those without money who are poor; but whoever lacks strength of body, or health, or capacity or judgment," and "a common peril besets the citizens from contact with disease. . . . It is not the part of a wise government solicitous for the common weal, to leave so large a part of the community not only useless but actually harmful not only to itself but to others." He also said, than which there has been no truer word written: "the law of nature does not allow that anything human should be foreign to man, but the grace of Christ, like fast glue, has cemented all men together."

Yet, after all these centuries, only three years ago, Dr. Richard C. Cabot was compelled to say, with truth, "We have dealt with man's estate extensively. We are now in the heyday of the discussion of health of the body. We have just begun to see that the mind is the greatest of all questions for social workers. But that is for the future; we are still in the center of interest in health." He had to say also: "Health is still a separate section because it has not yet been welded into the whole thought of social workers." Centuries ago Montaigne declared that a man could not be divided for

the purpose of educating him but apparently it is not yet clear that he cannot be divided for any purpose whatever, even by the most competent and well-intentioned social worker.

Unfortunately, outside of the large cities, there not only is but little concern for health but too little provision for its maintenance. No social worker any longer listens with patience to the statement that the best comes from the country. So it does. Also the worst comes from the country—or the little town. Mark Twain possibly was right about its origin. A country-born baby may have a better chance to be healthy, if he lives; but he and his mother have less chance to live.

The social worker, like the plain citizen, is not constantly aware that men's lives and habits are determined by the ways in which they make their living; and that the ways in which they make their living are decided all too often by their physical condition or by mental conditions growing out of disease. Only the rich, and the poor of cities, may have adequate medical attention. This proposes to the social worker who knows it, all sorts of individual health problems and induces serious thought concerning the possible alternatives of social insurance and the complete public control of health.

Even ardent believers in democracy, in the equal chance for all, too often fail to see the necessity for primary physical fitness. Perhaps war will open some eyes. Men who believe in the power of income discount health. Those who know that health is important agree with Benjamin Ide Wheeler and discredit the character-making possibility of sickness rightly handled. But the social worker must deal with the whole man, his environment, his body and his mind and soul—his character.

#### NECESSARY MEDICAL KNOWLEDGE

In trying to improve a client's environment, the social case worker needs to know something of neighborhoods, schools, the local housing problem, industries, the employment situation, the comparative chances in certain lines of labor for a Jew, an Irishman or a Swede, for men or women, hours, wages, and the best way to approach an employer, actual or prospective. All social case workers know this but they do not all realize the same necessity for learning the prevalence of disease, the consequences of physical conditions, the character of the water and milk supplies, the existence and mech-

anism of their medical institutions and the most effective manner of dealing with physicians and surgeons. Yet, where a few years ago four-fifths of all the reference calls of the best known agencies were work references, today they are, or ought to be, medical references.

But how, one may well ask, can a social case worker know his own business and medicine also? Is it fair to require so much and such varied knowledge? Is it possible to obtain it? No, and no again. Neither is it necessary to do so. The most serious mistake a social case worker can make is to appear to know anything about medicine. Nothing is so maddening to a physician or so discouraging to the medical social worker as one who knows more about medicine than does the doctor. The inquiring social case worker who *knows* that an afternoon temperature always means tuberculosis, that osteopathy will cure epilepsy, that a patient with paranoia is "as smart as I am," that a skin eruption is syphilis and that syphilis at all times is a menace; a school nurse who herds in children for glasses and the removal of tonsils and adenoids—and nothing else; a city missionary who converts and protects girls but ignores their sicknesses;—these are pests and regarded as such in any medical quarter. Equally obnoxious is the child welfare worker who cannot believe that a boy is feeble-minded; the relief agency which insists upon a positive diagnosis on a first visit; or the probation officer who holds an epileptic responsible for all of his acts.

Can these workers learn enough not to make such mistakes if they have no knowledge of medicine? They can. Social case workers need only to realize in the beginning that nothing will save the situation unless good medical service is available. If such service cannot be obtained, the social worker's first business should be to create an agitation which will result in the provision of doctors and nurses. If they are available already, or can be found, then the social workers must trust them. They must know their own job so well and engage in it for such fine motives that they can believe in the skill and sincerity of others. A social worker has a right to smile when a doctor says: "This man needs his rent paid"; and surely the doctor may smile when a social worker says: "This man has tuberculosis." The medical social worker learned long ago to say, not, "This man has heart trouble," but "This man complains of his heart."

Social workers need no knowledge leading to medical diagnosis

or treatment. They should know, however, the causes and cost of those diseases which are social problems in themselves. They should know what these diseases are and why they entail a social burden. They should be concerned, not with disease, but with health. They should be able to recognize health and to learn what there is in the community which will maintain it for all.

It is not necessary for anyone but the doctor to recognize or to treat tuberculosis but many in addition should know that tuberculosis costs the community more in money and in sorrow than does any other one disease. The value of early diagnosis should be known and, for the individual case, what has been advised medically. A social case worker does not have to decide whether or not a patient needs hospital care but should know what hospital facilities there are and what will happen to the home of the patient should he leave it. No social agency has to conduct a hospital, only to know how hospitals are conducted, or, if there are none, how to get or reach them. It is still more worth while to create, in any community, such health as will decrease the demand for hospitals. In other words, social work must recognize the character and extent of disease, its own dependence upon the physician and the possibility of full coöperation with him. It must not encroach upon his territory or permit him to dictate unwisely outside of it.

#### PURPOSE OF THE FEDERAL CHILDREN'S BUREAU

The three times in a man's life when the social worker can accomplish most for him are the same periods at which the physician can do the most also. These are when he is a baby—with his mother—when he enters school and when industry claims him. It was Bernard Shaw who said that if the world and its affairs were as they should be, a man would need a doctor but once in his life, and that for his mother, when he was born. This is so true as to be tragic when the truth of it is ignored. Could every mother have proper prenatal care, inspection (for, after all, birth is not disease), instruction, confinement care, nurse and physician, the health problem would be more than half solved. In America, 300,000 children under five years of age die each year. Over half of them need not die. This is a waste of life, of vital energy, of time, and a cause of needless suffering which the country is no longer willing calmly to tolerate. The Children's Bureau proposes to save these babies through individual effort, by:

1. Registration of births.
2. Complete care, nursing and medical, for every mother, whether she can afford it herself or not.
3. Children's conferences and clinics.
4. Organization of local bureaus of child hygiene.
5. Pure milk.
6. Adequate incomes.

The Children's Bureau was born of the child labor movement and fathered by the Department of Labor. Why has it deserted its own field, to enter that of health? It has not. This is but a logical step from its inception to the attainment of its own purposes. It looked into its own questions, made some research, and has turned to the right beginning, to the babies, and to public education for prevention of ill to them. Immediately, it finds itself leaning upon the doctor, the public health man, for instruction and guidance and upon the workers in each locality to look after each individual baby and, in the process, to educate the mothers. Nothing so clearly illustrates the circle around which one travels for the maintenance of health, the perfecting of industry and the consequent betterment of living. There has been enough of vicious circles. This golden one is to succeed them.

#### THE SOCIAL WORKER AND THE HEALTH PROBLEM

When the social workers, however, reach health problems, they come to them in many ways. There are workers within institutions, workers in the community, workers concerned with morals, with education, with relief, with health and those whose whole business is with sickness itself. The chief object of the workers necessarily modifies the manner of attacking the health problem.

The social worker should define clearly to himself his own job, realize in precisely what way health is necessary to its successful accomplishment and act accordingly. The worker in an institution should know that he or she has an opportunity to get everyone in the house thoroughly examined and treated and consequently may perhaps send them out in better health than they otherwise ever could have had. This is his business. A girls' school which does not examine all sent in for immorality, a prison which fails to learn who is feeble-minded, who is insane and who tuberculous, is a curse, not a safeguard, for its people. An orphans' home which ignores the physical condition of any child is unfair to all of them. A jail



usually is more dangerous than any mediaeval plague spot. But the whole business of a social worker in an institution is to see that his charges are placed in the hands of a good doctor and to enforce that doctor's orders when given. He needs to know, not medicine, but the comparative value of health and the social destructiveness of disease.

For the attendance officer, the charity organization agent, or the children's worker in the community, the affair is not so simple. In a large city where there are well-known and excellent dispensaries and hospitals with social service departments, all the worker has to do is to learn their location, mechanism and peculiarities. After that, the word of the medical social worker in the medical institution may be sufficient. In the smaller community, the affair is more serious. An attendance officer who is now a medical social service worker was asked where she got her first medical experience. She said that she had obtained it when a truant officer in a village. Then she had had to learn, not how to enforce a compulsory school law, but how to rid her clients of vermin and how to distinguish impetigo from cancer. She had learned further that it was easy to find doctors, to ascertain their hours and the extent to which she could impose upon them. Such imposition is justifiable and necessary as yet and the doctors have never complained, but social workers certainly should realize, whether anyone else does or not, how much free service the average physician gives, and how desirable some better and fairer method is than the one now in use. Outside of the institution the social case worker then needs to know thoroughly all of the medical and nursing resources of the community and how to use them with the least trouble to busy doctors and nurses and with the maximum results for his own people.

A social case worker should also try to inform himself concerning some of the simpler questions of hygiene and the common and best known facts about disease. There is no doubt that, other things being equal, the worker today who has had some experience or training in a medical social service department is more valuable than any other for any variety of case work. This is not because he has learned medicine but because he has come to know how to use the medical knowledge which is available and has acquired something of the medical point of view toward the patient.

"Social workers have been handicapped even in their use of

these sources of information by their lack of knowledge of even the most elementary facts of disease and by their lack also of understanding of the organization and discipline necessary in a hospital or dispensary."<sup>2</sup> Moreover, the organization and discipline to which a good medical social worker yields is in itself training too often denied the average social worker who, to be effective, is necessarily something of a free lance. A student who has had to observe dispensary rules and to remember that every one is sick, never makes the stupid blunders about health and doctors of which other workers are certain to be guilty, although he may make worse. The medical worker is always as much interested in incomes, housing and occupation, as is the relief agent; but the latter is not always equally concerned about health questions.

More and more, therefore, where it is possible, general social workers are acting more closely with nurses and the medical social workers in hospitals and dispensaries. It is easier and more effective thus to divide the job. Perhaps the greatest concern of any worker in the community should be to see that there are enough and the right sort of medical institutions properly equipped with medical social workers, while most certainly the chief concern of all should be that prevention of disease which alone will decrease the necessity for so much medical care.

Objection is made to such coöperation. It is claimed that the visiting nurse is too often blind to social and relief situations and most untaught in social procedure. She will ask for eggs without number, no matter what the price. Worse, she may insist wrongly upon unwise aid for a sick woman whose husband has deserted her. Upon the other hand, it is the nurse alone who knows efficient, and therefore economic, forms of relief for the sick and she may be the first to discover some sorts of illuminating information never given to any but doctors or nurses.

Objection is made further that the necessity for such coöperation works for harm because it sends too many people into one family. The layman is always aroused by such so-called duplication of work and the intrusion upon the individual's privacy. To be sure, until the war is over, less will be heard about intrusion upon privacy. As for sending too many people into one family, it is well to remember the answer of a certain Boston worker when the ques-

\* Mary E. Richmond, "Social Diagnosis," p. 255.

tion of referring unmarried mothers to other agencies was discussed. She alone thought it all right to transfer such a patient and added, "You only give her another friend." That is the point. The relief worker who tells a client who is going to the dispensary as a patient to be sure and see Miss B——, the social worker, makes another friend for a woman who has too few acquaintances wiser than herself. This has a further point, if it is remembered that in the final analysis the social worker can justify his existence in but two ways, by what he can teach and by what social chasms he can bridge.

### THE SOCIAL WORKER AS TEACHER

What any single worker can do for an individual person, all that he can accomplish in one long day, will never prove his value unless he also is always a teacher, and one who remembers that the best teaching is by example. The social worker is the modern neighbor. He must not only be a teacher but at all times an additional connecting link between the normal and the abnormal, between the fortunate and the unfortunate in a world which grows too complex for most. It is, therefore, an advantage to specialize in social work as well as in any other profession. The client may have as many friends as he has varieties of troubles and each will make an additional link in the chain which binds him to a better part of the community which he represents. Such a social worker, primarily concerned with other than health problems, needs only to remember the value of health, its relation to his own questions, to recognize its absence, to know where to go for it and how to obtain the nurses and medical social workers as well as doctors who are needed for the maintenance of health and the prevention of disease in his community.

A very just objection to this attitude is the fact that it cannot apply to rural communities. These force upon the social worker, even one interested only in sick individuals, not only local problems of nursing and medical attention but the larger ones of education for health and public control. Such a violent departure from the present situation may well arise from agitation in long neglected country districts.

The medical social worker has a certain value another has not, both for health problems and for social problems connected with them. From the doctor she<sup>3</sup> learns what social relief must be added

<sup>3</sup> "She" rather than "he" is here used in referring to the medical social worker as in the vast majority of cases if not universally, such workers are women.

to medicine for the alleviation of physical pain; she knows not only the medical diagnosis but in how far the social diagnosis depends upon the condition of the patient's body. She is better able to say what the social prognosis will be for a sick man; and she certainly can give not only to other workers but also to legislators and even to doctors, illustrative arguments for new social laws and procedures. Not only that, she sends her patients out to teach health even as other social workers send theirs out to teach facts about labor, housing and community life. If one good housekeeper in a city block may teach ten, the woman who has all of the babies "measured" is the one who should be converted to the use of pure milk.

The medical social worker was born not only of the public's increased desire to alleviate misery, to make medical work more effective or to teach for prevention rather than to relieve. She came into existence primarily as a "logical result of the recent advance in medicine."<sup>4</sup> No better explanation can be given than to continue:

The social service department has a still higher office . . . . namely, the aggressive campaign toward the prevention of disease. The recent advance in medicine shows that nearly all of the most serious conditions are easily curable if treated early enough, while many others are more easily prevented than cured . . . . and since the most important cause of social dependency is sickness, those charitable organizations whose function it is to relieve conditions of poverty, see in hospital social service an agency which in time will lighten their burdens, although in the beginning it may appear to increase them. Indeed it may be said with confidence that social service departments in connection with our busy hospitals and dispensaries will in the future be the most potent means for the prevention of disease, and, therefore, of the miseries which so often are the result of disease.

The medical social worker differs from other social workers only in that she deals with sick people, and that, unlike all others, she is always found within, if not as an integral part of, another institution, a medical institution. A man may be poor or immoral or a woman may be in distress but unless there is also physical suffering their care is no more the concern of a medical social service worker than of a church or of a relief agency. Moreover, they come to the attention of the social worker within the institution of which she is a part and have themselves sought that institution, and

<sup>4</sup> Charles P. Emerson, "Social Service and Medicine," Report of the Social Service Department, Indiana University, 1911-1912.

consequently the worker, first. This worker extends into the surroundings of the institution the ever widening circumference of its influence, instead of attacking similar problems in the community itself.

### THE POINT OF ATTACK

Like charity organizations and the church, a medical social service department concerns itself with the whole man but its point of approach and the method of attack are different from that of either. The primary business of the medical worker is with the cure or relief of disease but to obtain her results she must consider character quite as carefully and sacredly as does the church; prize education as does a school; join public health movements and daily distress herself with problems of relief. While medical social service is one, and the most recent, manifestation of the growing public health movement, and is a part of the public demand for the abolition of poverty and the decrease of all needless suffering, it must never be forgotten that, above all, it is the latest outgrowth of modern medicine. Today, therefore, advancing social work of any sort must be linked with scientific medical work. The hospital and the dispensary which cannot give a high type of medical service should waste no time on social service. The social worker in a community which offers no fine medical service is wasting most of her time and money. If communities are to deal with the social problems which have been in their midst for centuries but are being revealed slowly by city life or swiftly brought under the limelight by war, these communities must have trained social workers, conscious of the value of health as well as of economic and spiritual good, and must also have splendid medical work.

### WHAT PROBLEMS ARE MOST IMPORTANT

In this connection it may be interesting to note what social problems loom large to the medical social workers. One department furnishes a list of the social ills which have come most often to its attention and have made for it the most work or the most anxiety. These are: alcoholism, babies born in hospitals, broken families, cardiac troubles, cripples, children, drug habitués, epilepsy, eye troubles, feeble-mindedness, foreigners, gonorrhea, illegitimacy, industrial accidents, diseases and maladjustments, sick inmates of

state institutions, insanity, negroes, sex problems, suicide, syphilis, tuberculosis, unmarried mothers and vagrants. This classification of social ills, most of them recognized only as diseases, is peculiarly worthy of note at a time when the government and the Red Cross also are trying to maintain health and social equilibrium. A certain army surgeon lately stated that in his opinion the greatest problems after the war would be: broken families, crippled soldiers, tuberculosis, mental and nervous complications, heart disease and venereal diseases. The social service department which offered the above list had found to its astonishment that its greatest problem was the broken family. It had more broken families than any other one trouble. Next to broken families and children, it was most concerned about cardiac patients, mental and nervous cases, and after them, the tuberculous and syphilitic. In other words, the war will create no new problems for social workers, but will only reveal or emphasize those already existing, especially those of death and disease.

Social workers who are in the habit of thinking of their social problems in other terms, economic, moral or mental, should notice how closely their ills are interwoven with these medical-social questions. It is worth while also to see which of these have been abandoned by the case worker. No social worker any longer believes that the time and money spent in an effort to reform a single drunkard are spent most worthily. She wants to see prohibition tried. There is no medical social worker who is not ready to ask for the public control of venereal disease, and for more institutional care for the feeble-minded, insane and epileptic. Because of the tragic cardiacs and the tuberculous she cries aloud for prevention and education rather than cure. The proved decrease of blindness, with the increase of eye troubles which keep children from school and impair the efficiency of workers, even more illustrate the criminality of indifference to prevention.

It has been said that every patient who enters the door of a dispensary is a social problem. Thus far, this is true. It is equally true that all social problems involve questions of health. Some day the public will be as impatient with people who are not well, who are not able-bodied for their jobs, as it is now with the man who cannot reach work Monday on account of Saturday's drink.

All social workers must take more and more into consideration

the problems of health, both for the individual and for his community, while the medical social worker should study more and more the larger social questions. If no social worker can know too much, no medical social worker ever knew half enough. In the beginning it was thought that such a worker must be a nurse. In some cities she still must be. Nevertheless, it is an admitted fact pointed out even by their leaders, that the nurses who make good social workers do so, not because they are nurses, but because they have ability in another profession as well. Social work, even medical social work, is not nursing. The average nurse, moreover, lacks general knowledge of people and affairs and is less likely to have the necessary broad education. Not only that, her training tends to close her eyes and dull her natural initiative; whereas, a social worker, if she succeeds, must have and use science, imagination, daring and ingenuity. As yet, she is most often a woman, and all of the qualities which a great mother or a successful teacher needs should be hers. For the patient's sake she should have imagination, sympathy and good judgment. She should be just, as well as kind. For her own sake she should have good sense, good health, wholesomeness of spirit, a sense of humor and unconquerable faith in folks. She should have a true knowledge of the texture of normal society, of modern social problems, of the inter-relation of dependence and disease. She should know humanity, out of her own experience with it or her belief in One who knew. "He looked out from his Cross upon a jeering multitude, symbol of the vaster multitude who forever jeer and crucify the good, and there He performed His supreme miracle. He believed in them. He saw what was in them."<sup>5</sup>

Such a worker will never be blind to, nor lose sight of, any of the ills of her client or patient; never fail to seek the underlying cause of his trouble, either in his own life or in the society of which he is a part. She will never fail to seek medical care or advice for all who need it. But she also will advise and urge more education concerning health, more frequent routine examinations of babies, school children and workers. She will insist upon measures to lessen the state's vast expenditure for social wreckage due to disease and to increase those for the promotion of universal health. Such

<sup>5</sup> William Lowe Bryan, "He Knew What Was in Man." Indianapolis: The Bobbs-Merrill Company, 1913.

a worker will argue with wisdom concerning the just expenditure of effort and money and the possibility of success with the individual case, or, in losing it, will be comforted by the use of it as educative material which may serve to save others from similar fates. Any social worker who would obtain the greatest result, socially or medically, must forget himself in the pursuit of good for his client. He will get for him all that he can of income, health and happiness; but he will never forget that what he does or fails to do, if recorded, will add to human knowledge and echo to the end of time.